A. TYPE OF HANDBOOK

Part H, Division III, Adult Medical (Mental Health) Day Treatment Services, is the service-specific portion of the Wisconsin Medical Assistance Provider Handbook. Part H, Division III, includes information for providers regarding provider eligibility criteria, recipient eligibility criteria, covered services, prior authorization procedures, and billing instructions. Use Part H, Division III in conjunction with Part A of the Wisconsin Medical Assistance Provider Handbook, which includes general policy guidelines, regulations, and billing information applicable to all types of Wisconsin Medical Assistance Program (WMAP) providers.

Providers who are also certified to provide other WMAP covered mental health or alcohol and other drug abuse (AODA) services should refer to the appropriate service specific handbooks for information on those services. Part H, Division I is for use by Non-51.42 Board-Owned-and-Operated Clinics providing mental health and AODA services. Part H, Division II is for use by 51.42 Board-Owned-and-Operated Clinics providing mental health and AODA services. Part H, Division IV is for AODA Day Treatment Providers. Part H, Division V is for Community Support Program (CSP) providers. Separate certification is required for each of these programs. The provider should contact EDS for certification materials.

B. PROVIDER INFORMATION

Provider Eligibility and Certification

In order to be certified as a WMAP Medical Day Treatment provider, all of the following requirements must be met:

- The provider is certified by the Division of Community Services (DCS) of the Department of Health and Social Services (DHSS) as meeting the day treatment requirements under HSS 61.75, Wis. Admin. Code. To obtain information on certification under HSS 61.75 providers must contact:

  Program Certification Unit
  Division of Community Services
  Post Office Box 7851
  Madison, WI 53707
  (608) 266-0120

- The day treatment program is planned for and directed by designated members of an interdisciplinary team that includes a social worker, a psychologist, an occupational therapist, a registered nurse or a physician, physician's assistant, or another appropriate health care professional.

- A registered nurse and a registered occupational therapist (OTR) are on duty to participate in program planning, program implementation, and daily program coordination.

- For purposes of daily program performance, coordination, guidance, and evaluation, each group is staffed by one qualified professional staff member such as an OTR, masters degree social worker, registered nurse, licensed psychologist or masters degree psychologist, or one certified occupational therapy assistant and one other paraprofessional staff person.

- A written patient evaluation involving an assessment of the patient's progress by each member of the multidisciplinary team is made at least every 60 days.

A provider meeting these eligibility requirements for medical day treatment who wishes to be certified as a WMAP medical day treatment provider must contact:

B. PROVIDER INFORMATION (continued)

EDS
Attn: Provider Maintenance
6406 Bridge Road
Madison, WI 53784-0006

Providers are required to submit a copy of the approval letter from DCS to verify that they have been certified as a medical day treatment program under HSS 61.75, Wis. Admin. Code. Providers are encouraged to apply for certification materials through EDS prior to the time of their DCS certification site visit to ensure the earliest possible certification effective date.

Scope of Service
The policies in Part H, Division III govern services provided within the scope of the practice as defined in HSS 107.13 (4), Wis. Admin. Code. Covered services and related limitations are given in Section II of this handbook.

Reimbursement
Medical day treatment providers are reimbursed at the lesser of the provider's usual and customary charge or the maximum allowable fee established for that provider by the DHSS. The maximum allowable fee is a comprehensive hourly rate which is paid for any allowable day treatment services regardless of which staff person(s) provided the service or whether the service provided was a group or individual service. Providers who want the maximum allowable fee established for their program should contact:

Mental Health/AODA Policy Analyst
Bureau of Health Care Financing
Division of Health
Post Office Box 309
Madison, WI 53701

Provider Responsibilities
Specific responsibilities as a WMAP provider are stated in Section IV of Part A of the WMAP Provider Handbook. Reference Section IV of Part A for detailed information regarding:

- fair treatment of the recipient;
- maintenance of records;
- recipient requests for noncovered services;
- services rendered to a recipient during periods of retroactive eligibility;
- grounds for provider sanctions; and
- additional state and federal requirements.

C. RECIPIENT INFORMATION

Eligibility For Medical Assistance
Recipients eligible for Medical Assistance receive Medical Assistance identification cards. The identification cards include the recipient's name, date of birth, 10-digit Medical Assistance identification number, medical status code, and, when applicable, an indicator of private health insurance coverage, managed care program coverage, and Medicare coverage.

C. RECIPIENT INFORMATION (continued)

Recipients receive Medical Assistance identification cards on a monthly basis. All Medical Assistance identification cards are valid only through the end of the month for which they are issued. It is important that the provider or the designated agent check a recipient's Medical Assistance identification card prior to providing service to determine the recipient's eligibility and if there are any limitations to the recipient's coverage.

Section V of Part A of the WMAP Provider Handbook provides detailed information regarding eligibility for Medical Assistance, Medical Assistance identification cards, temporary cards, restricted cards, and eligibility verification. Review Section V of Part A carefully before rendering services. A sample Medical Assistance identification card is found in Appendix 7 of Part A of the WMAP Provider Handbook.

Medical Status

Medical Assistance recipients are classified into one of several eligibility categories. These categories allow for a differentiation of benefit coverage. Refer to Section V of Part A of the WMAP Provider Handbook for additional medical status information.

Copayment

Except as noted below, all recipients are responsible for paying part of the costs involved in obtaining medical day treatment services. The procedure codes and their applicable copayment amounts are in Appendix 4 of this handbook.

Providers are reminded of the following copayment exemptions:

- Emergency services.
- Services provided to nursing home residents.
- Services provided to recipients under 18 years of age.
- Services provided to a pregnant woman if the services are related to the pregnancy.
- Services covered by a WMAP-contracted managed care program to enrollees of the managed care program.
- Family planning services and related supplies.

Copayment is collected from the recipient by the provider of service. Applicable copayment amounts are automatically deducted by EDS from WMAP payments. Do not reduce the billed amount of the claim by the amount of recipient copayment.

Managed Care Program Coverage

WMAP recipients enrolled in WMAP-contracted managed care programs receive a yellow Medical Assistance identification card. This card has a six-character code in the "Other Coverage" column designating the recipient's managed care program. The codes are defined in Appendices 20, 21, and 22 of Part A of the WMAP Provider Handbook.

Providers must always check the recipient's current Medical Assistance identification card for managed care program coverage before providing services. Claims submitted to EDS for services covered by WMAP-contracted managed care programs are denied.

C. RECIPIENT INFORMATION (continued)

For recipients enrolled in a WMAP-contracted managed care program, all conditions of reimbursement and prior authorization for medical day treatment services are established by the contract between the managed care programs and certified providers.

Additional information regarding managed care program noncovered services, emergency services, and hospitalizations is included in Section IX of Part A of the WMAP Provider Handbook.